

# A Reward of the Heart

**Children's Rehabilitative  
Services Member Handbook**  
Arizona Physicians IPA, Inc.



Member Services:  
**1-866-275-5776**



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CRS services are funded under contract with the Arizona Health Care Cost Containment System and the Arizona Department of Health Services.

# Welcome to Children's Rehabilitative Services

Welcome to Children's Rehabilitative Services (CRS). The CRS program has been serving children with special health care needs since 1929. CRS provides medical care and support services to children and youth who have certain chronic or disabling conditions. CRS Recipients have access to a statewide network of providers in a number of settings. Recipients can get care and services in a clinic or in a clinic-like setting such as a field clinic or a virtual clinic. Recipients can also get care from participating doctors in their office practice. Pharmacies, therapies, labs and diagnostic services are available to recipients in clinics or close to their own communities.

The Children's Rehabilitative Services Administration (CRSA) within the Arizona Department of Health Services (ADHS), Office for Children with Special Health Care Needs (OCSHCN) oversees the CRS Program. OCSHCN is interested in hearing from CRS Recipients. To contact OCSHCN please call 602-542-1860, visit the OCSHCN web site at <http://www.azdhs.gov/phs/ocshcn/index.htm>, or send OCSHCN an email message at [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov).

OCSHCN has contracted with Arizona Physicians IPA (APIPA) to administer the CRS program. APIPA is committed to giving you the best care possible. APIPA has been providing excellent service for the Arizona Health Care Cost Containment System (AHCCCS) for over 25 years. APIPA will bring that same commitment to quality to the CRS Program.

"The mission of CRS is to improve the quality of life for children and youth by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions."

## The APIPA-CRS Member Handbook

Please take time to read this handbook. The handbook has important information that explains APIPA-CRS benefits. It will give you information you will need to get the best care possible. If you are a parent or caregiver reading this handbook, throughout the handbook, we refer to the person enrolled in APIPA-CRS as a "recipient" or directly as "you."

Handbooks are free. You can get copies of the handbook anytime from:  
The APIPA-CRS website at [www.myapipacrs.com](http://www.myapipacrs.com),  
The APIPA-CRS Member Services line at 1-866-275-5776, or  
The OCSHCN webpage at [http://www.azdhs.gov/phs/ocshcn/crs/crs\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_az.htm)

Copies of the Member Handbook are available in different languages and in different formats, such as large print. If you need a handbook in a different language or format, just ask Member Services. Some of the things the Member Handbook explains are:

- Who is eligible,
- How to apply for services,

- What services are covered and not covered,
- Rights and responsibilities as a recipient,
- How to make an appointment, and
- What to do if you have a problem or if you are not happy with the services you receive.

## What are Language and Cultural Services?

Clear communication is important to get the health care you need. APIPA-CRS wants to meet your needs in a way that is sensitive to your culture, beliefs and values. This may mean that you need information in a different language or in a format that may be easier for you to understand. APIPA-CRS also has interpreters for you to use if your doctor does not speak your language. If your doctor does not understand your cultural needs, APIPA-CRS can work with your doctor or can help you pick a new doctor.

Call APIPA-CRS Member Services at 1-866-275-5776 for translation and interpretation services, to find a doctor who understands your cultural needs, or for materials in another language or format. These services are provided at no cost to you.

Ka soo wac Adeegga Macaamilka APIPA 1-866-275-5776 si aad u heshid adeegyada turjubaanka, si aad u heshid dhakhtar fahmaya baahidaada dhaqameed, ama macluumaad luqado kale ku qoran. Adeegaydani waxaannu kuugu qabanaynaa si bilaash ah.

**请致电 APIPA 会员服务部，电话号码是 1-866-275-5776，以便获得翻译服务，找到了解您文化需要的医生，或是索取其它语言或格式的资料。这些服务都是免费向您提供。**

Pozovite APIPA Clanske usluge na 1-866-275-5776 za usluge u vezi prevoda, da nadjete ljekara koji razumije vase kulturoloske potrebe, ili za materijale na drugom jeziku ili u drugom formatu. Ove usluge nude vam se besplatno.

**請致電 APIPA 會員服務處請求翻譯的服務，電話號碼是 1-866-275-5776，以便尋找一位瞭解您的文化需求的醫生，或另一種語文或格式的資料。這些服務是免費提供給您的。**

**Dacă aveți nevoie de servicii de traducere sau de materiale în altă limbă și alt format, telefonați la Servicii pentru Membrii APIPA la 1-866-275-5776, unde veți găsi un doctor care vă înțelege necesitățile culturale. Aceste servicii vă sunt puse la dispoziție gratuit.**

Xin gọi cho Ban Dịch Vụ Hội Viên APIPA tại số 1-866-275-5776 để có các dịch vụ thông dịch, để tìm một bác sĩ hiểu được các nhu cầu về văn hóa của quý vị, hoặc để có các tài liệu ở dưới một dạng khác hoặc ngôn ngữ khác. Các dịch vụ này được cung cấp miễn phí cho quý vị.

Telefonáljon az APIPA tagszolgáltatóinak a következő számon: 1-866-275-5776. Fordításban, tolmácsolásban, megfelelő orvos keresésében aki érti az Ön kulturális igényeit, idegennyelvi vagy más formátumu anyagokhoz való hozzájutásban leszünk segítségére – és szolgáltatásaink teljesen ingyenesek.

تەلەفونى APIPA خزمەتگوزارى بۇ ئەندامان نەكەب، بەھۆى ئەم زمارەى تەلەفونەوہ:  
1 - 866 - 275 - 5776 بۇ خزمەتگوزارى وەرگىرايە تى، بۇ دۆربەنەوہ ى دوكتورىك،  
كە لە پىويستىيەكانى كولتوورى ئىوہ تىدەگات، يان بۇ كارى وەرگىرانى نووسىن (بەلگەنامە) بە  
زمانىكى تر. يانىش بە قەوارە و فورماتى جياواز. ئەم خزمەتگوزارىيە بۇ جەنابتان، بە بى پارەيە  
(بەخۇرايى بە).

**Piga simu kwenye APIPA Uhuduma wa Memba (1-866-275-5776) kwa uhuduma wa utafsiri ili kumtafuta daktari aliyekuelewa mila yako au kwa habari kuhusu lugha nyingine. Uhuduma huu ni bure kwako.**

Telefononi zyrën e Shërbimeve të Anëtarit APIPA në numrin 1-866-275-5776 për shërbime përkthimi, për të gjetur një mjek që i kupton nevojat tuaja etnike, ose për kërkuar materiale në ndonjë gjuhë ose format tjetër. Këto shërbime ju sigurohen falas.

اتصل بخدمات أعضاء APIPA على الرقم 1-866-275-5776 للحصول على خدمات الترجمة، أو لإيجاد طبيب يفهم احتياجاتك الحضارية، أو للحصول على المواد بلغة أو شكل آخر. تتوفر لك هذه الخدمات مجاناً.

Auxiliary aids and services are also available. You can ask for these services at any time free of charge. Please call APIPA-CRS Member Services or tell your doctor if you:

- Need an interpreter to explain or restate your words or feelings,
- Are unable to hear clearly,
- Need a sign language interpreter,
- Are unable to see very well and need someone to read the information to you,
- Need a note-taker or written materials,
- Need a telephone handset amplifier or a telephone compatible with hearing aids,
- Need telecommunications devices for deaf persons (TDD), or
- Need taped texts, audio recordings, materials in Braille, or large print.



## What is Member Services?

Member Services is here to help you! Member Services can:

- Answer questions about your healthcare benefits,
- Help solve a problem or concern you might have with your doctor or any part of APIPA-CRS,
- Help you find a doctor, or change a doctor,
- Tell you about the doctors, their backgrounds, and the care facilities in the APIPA-CRS network,
- Help you if you get a medical bill,
- Tell you about community resources available to you, and
- Help you if you speak another language, are visually impaired, need oral interpretation services, sign language services, or other accommodations.

### Member Services

Member Services is available 24 hours a day, 7 days a week.

Call **1-866-275-5776**. For TDD (for the hearing impaired): call **1-800-367-8939** or **711**.

### When You Call APIPA-CRS

We ask questions to check your identity. We do this to protect your privacy. This is federal and state law. Please gather the following information before you call:

- APIPA-CRS Recipient ID number,
- Current address and phone number on file with APIPA-CRS, and
- Date of birth.

You can get information about the APIPA-CRS Program Monday through Friday, 8 A.M. – 5 P.M. at the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN). Just call (602) 542-1860 or 1- 800-232-1676 and ask for the CRS Program. Information is available on the OCSHCN website at <http://www.azdhs.gov/phs/ocshcn/crs>. You can also send OCSHCN an email message at [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov).

## What If I Need Additional Help from APIPA-CRS?

The entire staff of APIPA-CRS is dedicated to helping its recipients. If you need help or have a question, contact Member Services first. They are trained to answer your questions and help you get the care you need. Recipient Advocates can provide additional help to you. Recipient Advocates are APIPA-CRS staff located in each Multispecialty Interdisciplinary Clinic (MSIC). Recipients who need additional coordination of care may be assigned to a Care Manager. Care Managers are nurses or social workers who work closely with recipients on difficult health challenges. Getting additional help starts with a call to Member Services.



## **APIPA-CRS: a Managed Care Program**

APIPA-CRS is a managed care program. This means that all of the medical care and service you receive for your CRS eligible condition must be requested and provided by a doctor or health care provider that is in the APIPA-CRS network. APIPA-CRS understands that current recipients have relationships with their doctors and health care providers. To maintain these relationships, APIPA-CRS will allow a non-participating doctor or health care provider to treat a recipient if approval is provided by APIPA-CRS. This is called a prior authorization. APIPA-CRS will work with your health care providers to make sure you receive the care you need.

CRS recipients must be members of an AHCCCS acute care health plan or an Arizona Long Term Care System (ALTCS) plan, and may have private insurance. APIPA-CRS physicians will coordinate care with the recipient's acute care health plan, ALTCS or private insurance providers.

## **Who is Eligible for APIPA-CRS Services?**

APIPA-CRS does not determine eligibility based on income. To be eligible for APIPA-CRS services you must:

- Have certain medical conditions,
- Be under age 21,
- Be an U.S. citizen or qualified alien, and
- Live in Arizona.

## **The APIPA-CRS Team of Providers**

One of the best things about APIPA-CRS is that most of the care you will receive involves a team of providers. Exactly who will be on your team depends on your special health care need. Get to know who is on your team so you can talk to them about your care and services. You can invite others to be on your team if you would like. People on your team could be:

### **Surgeons**

General pediatric surgeons

Cardiovascular and thoracic surgeons

Ear, Nose and Throat (ENT) surgeons

Neurosurgeons

Ophthalmology surgeons

Orthopedic surgeons (general, hand, scoliosis, amputee)

Plastic surgeons

**Medical Specialists**

Cardiologists  
Neurologists  
Rheumatologists  
General Pediatricians  
Geneticists  
Urologists  
Metabolocists

**Dental Providers**

Dentists  
Orthodontists

**Multispecialty Interdisciplinary Clinics**

Multispecialty Interdisciplinary Clinics (MSICs) are clinics where a recipient can see their medical specialists and any others involved in their care, all at one location. At the MSIC, you and your family can meet face to face with the members of your team of providers to get medical care, plan your treatment, and receive other services that you may need. Each MSIC is open from the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday. Specific clinics, such as the cardiac clinic, may be held on certain days and times. Contact your MSIC for a schedule of clinics. APIPA-CRS MSICs are at the following locations:

**Children's Health Center**

124 West Thomas Road  
Phoenix, AZ 85013  
(602) 406-6400  
(800) 392-2222 toll free  
Fax: (602) 406-7166

**Children's Clinics for  
Rehabilitative Services**

2600 North Wyatt Drive  
Tucson, AZ 85712  
(520) 324-5437  
(800) 231-8261 toll free  
Fax: (520) 324-3084

**Children's Rehabilitative Services**

1200 North Beaver  
Flagstaff, AZ 86001  
(928) 773-2054  
(800) 232-1018 toll free  
Fax: (928) 773-2286

**Children's Rehabilitative Services**

2400 Avenue A  
Yuma, AZ 85364  
(928) 336-7095  
(800) 837-7309 toll free  
Fax: (928) 336-7497

## How to Apply for Services

To apply for services, just fill out an application. Anyone can fill out an application including a family member, doctor, or health plan representative. When someone other than you or a family member completes an application, this is called a referral. To get a referral/application:

- Call Member Services,
- Visit the APIPA-CRS web site at [www.myapipacrs.com](http://www.myapipacrs.com),
- Call the Office for Children with Special Health Care Needs (OCSHCN) at 602-542-1860, or
- Call 1-800-232-1676 and ask for the CRS Program, or
- Download an application from the OCSHCN web site at [www.azdhs.gov/phs/ocshcn/crs/crs\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_az.htm).

Along with a completed referral/application you will need to send in medical records that document your CRS eligible condition. You should contact your doctor to help you collect the medical information that you need.

If you need help completing the APIPA-CRS referral/application or getting information to send in with the application packet, ask Member Services for help. Completed applications can be mailed or faxed to:

APIPA-CRS  
Attn: Eligibility and Enrollment  
PO Box 33320  
Phoenix, AZ 85067-3320  
Fax Number: 1-866-623-1692

You can also drop off the application in person at the one of the MSIC's listed above. Give the application packet to the Recipient Advocate or the Enrollment Specialist. Please do not fax applications to the MSIC.

## How to Know if Your Application Has Been Approved or Denied

APIPA-CRS will notify you and your referral source within fourteen (14) days of receipt of your application to let you know if your application has been approved or denied. If APIPA-CRS decides that you are not eligible, you will receive a written notice explaining why. If you do not agree with the decision that APIPA-CRS has made, you may request a State Fair Hearing. You must request a State Fair Hearing within 30 days from the time you receive this decision. The request should be sent to:

Arizona Department of Health Service  
Children's Rehabilitative Services Administration  
Office of Grievance and Appeals  
150 N. 18th Ave. Ste 330  
Phoenix, AZ 85007

Sometimes APIPA-CRS needs more information before it can be determined if you are eligible.

If this happens, APIPA-CRS will send you a letter requesting more information. You may have missed filling out some of your personal information and need to complete this part of the application. You may also be asked for more medical records, to have further medical testing, or to see an APIPA-CRS doctor for a medical evaluation. If APIPA-CRS requests more information you must provide the information within 30 days. If this information is not received within 90 days your application will be denied and you will have to reapply. Additional information should be mailed to:

Arizona Physicians, IPA-CRS  
3141 N. 3rd Ave  
Phoenix, AZ 85013  
Attn: CRS Enrollment

## **Recipient Status Decisions**

It is important for you to know that a determination of eligibility (also called a recipient status decision) does not mean that you are automatically enrolled in APIPA-CRS. Applicants will receive a written notice to inform them if they have been enrolled or not enrolled. Applicants should not consider themselves to be an APIPA-CRS recipient until they have received a recipient status decision (enrollment determination).

Applicants cannot be enrolled in CRS while they are receiving inpatient hospital services. If you are determined eligible while you are a patient in the hospital, be sure to tell APIPA-CRS as soon as you are discharged so you can be enrolled in CRS.

## **Co-Payments**

AHCCCS members will not be asked to pay for a covered CRS service, and will not have a co-payment.

If you are a Medicare recipient, please call Member Services about any billing or payment questions. If you have any questions about paying for anything, please call Member Services.

## **Can I Lose My Recipient Status?**

You can lose your recipient status (be dis-enrolled or be terminated) from CRS for the following reasons:

- You are dis-enrolled from AHCCCS,
- You no longer meet the medical eligibility requirement,
- You no longer meet the non-medical eligibility requirements of age, residency, or citizenship, or
- You request termination of your CRS enrollment.

## Your APIPA-CRS Identification (ID) Card

Once you are enrolled in APIPA-CRS, you will receive an ID card. The ID card is your key to getting health care services. The ID card has your APIPA-CRS ID number, your name, and other important information.

### QUICK TIPS

- The ID card is for recipient use only. Don't let others use it.
- Carry the ID card at all times and keep it in a safe place.
- Do not lose the card or throw it away.
- You will need the card when you get medical care or to pick up medicine at the pharmacy.
- Misusing the ID card, like loaning or selling the number, is against the law and may result in legal action.
- If you notice others getting APIPA-CRS benefits they are not eligible for or someone misusing the medical ID card please tell us right away. You can call or write APIPA-CRS Member Services.
- You may also call APIPA-CRS to report any provider you believe may be giving services to recipients that are not needed or should not be given.
- Call Member Services if you lose your ID card.

## What to Do If You Move

Please make sure that APIPA-CRS has your current address and phone number. If they do not have your correct address and phone number, you may not get important information. Tell Member Services right away if you move or your telephone number changes.

If you are planning to move out of Arizona, tell Member Services. Member Services can help you get information about services in another state. You can also contact the Office for Children with Special Health Care Needs (OCSHCN). OCSHCN can give you information about programs for children with special health care needs that are in other states. You can call OCSHCN at 602-542-1860, send OCSHCN an email message at [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov), or visit the OCSHCN website at [www.azdhs.gov/phs/ocshcn/index.htm](http://www.azdhs.gov/phs/ocshcn/index.htm).

## What Conditions are Covered by APIPA-CRS?

APIPA-CRS will treat your **CRS eligible medical condition only**. A complete list of covered conditions can be found on the Arizona Department of Health Services web site at: [www.azdhs.gov/phs/ocshcn/crs/crs\\_policy\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm). The information explaining what conditions are covered can be found in Chapter 5 of the Contractor's Policy and Procedure Manual.

Some of the eligible conditions include but are not limited to:

- Cerebral palsy,
- Club feet,
- Dislocated hips,
- Cleft palate,
- Scoliosis,
- Spina bifida,
- Heart conditions due to congenital anomalies,
- Metabolic disorders,
- Muscle and nerve disorders,
- Neurofibromatosis,
- Sickle cell anemia, and
- Cystic Fibrosis

## What Services Does APIPA-CRS Cover?

APIPA-CRS provides services that are related to your CRS eligible medical condition. Basic medical care for things such as shots, colds, the flu, earaches, sprains, etc. are not covered by the APIPA-CRS program. AHCCCS or any other insurance will take care of your other health care needs.

The following services are available and may be provided:

### Medical Services

Audiology  
Dental and orthodontia  
Diagnostic testing and laboratory  
Home health  
In-patient (hospitalization)  
Surgery  
Medical equipment (such as wheel chairs)  
Nursing  
Nutrition  
Out-patient  
Pharmacy  
Physical and occupational therapy  
Physicians  
Prosthetic and orthotic  
Psychology  
Psychiatric  
Speech and language pathology  
Vision services

### Support Services

Advocacy  
Child life services  
Education coordination  
Transition Planning

For the medical criteria used to decide your CRS services and the list of medical services, please visit the OCSHCN web site at [http://www.azdhs.gov/phs/ocshcn/crs/crs\\_policy\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm). The criteria can be found in Chapter 6 of the Contractors Policy and Procedure Manual. If you have any questions please contact Member Services.

## **What Services Are Not Covered by APIPA-CRS?**

APIPA-CRS does not cover services that are not related to your CRS medical condition. A complete list of these services can be found on the Arizona Department of Health Services web site at: [www.azdhs.gov/phs/ocshcn/crs/crs\\_policy\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_policy_az.htm). The information explaining what services are not covered can be found in Chapter 6 of the Contractor's Policy and Procedure Manual.

## **How Do I Get Approval for Services? (Prior Authorization)**

The process APIPA-CRS uses to decide in advance whether a service is covered and medically necessary is called Prior Authorization. You and your doctors will work together to make decisions about the services you need. Some services, for example non-emergency hospital admissions, need to be approved before you can get them. Your doctor must ask for approval of these services from APIPA-CRS. You do not need to get approval for emergency services.

## **What to Do if You Get a Bill for an APIPA-CRS Covered Service**

Before you get services be sure to tell providers that you are an APIPA-CRS recipient. Show the provider your APIPA-CRS ID card. Show the provider your AHCCCS card and any other insurance card you have as well.

If you do get a bill for a service that you think is covered by APIPA-CRS, call the telephone number on the bill right away. Tell them that you are an APIPA-CRS recipient and you think you are being billed for a covered service. If you get another bill after you have talked with the provider, call APIPA-CRS Member Services.

You may ask for a service that is not covered by APIPA-CRS. Before you get the uncovered service, you will need to agree, in writing, to pay for this service.

## **Your APIPA-CRS Provider Directory**

A Provider Directory is a listing of all of the CRS doctors, pharmacies, hospitals, labs and other providers, their addresses, telephone numbers, and the languages they speak. Provider Directories are free. You can get a directory anytime from:

- The APIPA-CRS Website at [www.myapipacrs.com](http://www.myapipacrs.com),
- APIPA-CRS Member Services, or
- The OCSHCN webpage at [http://www.azdhs.gov/phs/ocshcn/crs/crs\\_az.htm](http://www.azdhs.gov/phs/ocshcn/crs/crs_az.htm)



You can choose your doctors and other health care providers from this list. Recipients can get care and services in a clinic or in a clinic-like setting such as a field clinic or a virtual clinic. Recipients can also get care from participating doctors in their office practice. Pharmacies, therapies, labs and diagnostic services are available to recipients in clinics or close to their own communities.

## **Making an Appointment**

You need to have an appointment to see an APIPA-CRS provider. If you don't make an appointment and just show up, the provider may not be able to see you. When you call to make an appointment, be ready to tell the person on the phone:

- Your name
- Your APIPA-CRS ID number, and
- The reason you need an appointment.

Your appointment will be made based on when your provider needs to see you or within 45 days. If you have an urgent need, you can see your provider sooner. If you think your appointment needs to be made sooner, you can ask to be seen at an earlier date. Please tell the provider why you think you need to be seen quickly and ask for an earlier appointment.

If you are having trouble making an appointment with a provider, contact Member Services.

## **Canceling or Changing an Appointment**

If you need to cancel or change an appointment, please call your provider or clinic at least one day before the appointment. When you call ahead of time it allows the provider to schedule another person that is waiting to be seen. If you need to cancel an appointment, please be sure to make an appointment for another time.

## **Waiting at Your Appointment**

Sometimes you might have to wait for a while at an appointment because the doctor is seeing other patients. You should not have to wait more than 45 minutes. If you feel that you had to wait more than 45 minutes, contact Member Services for help.

### **Tips when you come for an appointment:**

- Be on time for the visit or call if you need to cancel or reschedule. Your call can give another child a chance to see the doctor.
- The visit may take a few hours. Bring snacks, extra diapers, medicines, etc.

- Write down any questions you want to ask the doctor. Bring your list with you to the visit.
- Tell your doctor if you have been to the Emergency Room or Urgent Care. Tell them about any instructions and medications you were given.
- If your medical equipment is not working properly, tell your doctor about it. If you can, bring in the equipment that needs to be checked.
- Let the doctor and Member Services know right away when you have a change of address, phone number, name, legal guardianship, or insurance plan.
- Bring your immunization records with you to appointments until you are 18 years old.
- Tell the doctor about any medications you have been prescribed.
- Tell the doctor about any over-the-counter medications you are taking (such as vitamins, cough syrup, etc)
- Tell the doctor about any of your allergies to foods or medicines.
- Ask the doctor or nurse about your medicines. Be sure you know how to take them and any side effects they may have.
- Before you leave every visit, make sure that you understand any instructions your doctor gives you.

## **Transportation to an Appointment**

APIPA-CRS does not pay for or provide transportation to appointments with a provider. You should try to use your own car, ride the bus, or get a ride with a friend. If you cannot find transportation, call your AHCCCS Health Plan to arrange transportation one (1) week before your visit.

## **What to Do if You Have an Emergency**

An emergency is a sickness that is sudden and puts your life in danger or can cause harm to you if not treated fast. In an emergency, it is very important to get care right away. If you have an emergency call 911 or go to the nearest emergency room. You have the right to go to any hospital emergency room or other setting for emergency services. You do not need prior authorization for emergency services.

If you are not sure it's a real emergency, call your primary care doctor. If you do go to an emergency room, call your doctor as soon as you can after your emergency room visit so you can get the right follow up care.

APIPA-CRS does not cover outpatient emergency room services. If you go to the Emergency Room or to an Urgent Care Center be sure to show them any insurance ID cards that you have. If you are outside of the State of Arizona and have a medical emergency, go to the nearest emergency room.

## **Recipient Rights and Responsibilities**

APIPA-CRS wants to have a good relationship with our recipients. For this to happen, you need to know your rights and responsibilities.

### **RECIPIENTS HAVE THE RIGHT TO:**

#### ***Respect and Dignity***

- Be treated with respect and dignity by APIPA-CRS staff and healthcare providers
- Be treated fairly regardless of race, color, gender, religion, age, national origin, ability to speak English, disability, ability to pay, marital status, sexual preference, genetic information or physical or mental disability
- Have services given in a way that respects your culture, language, background, and abilities
- Know the languages spoken by each contracted APIPA-CRS doctor
- Receive interpreter services free of charge
- Receive information in a language or format that may be easier for you to understand, including sign language or Braille
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

#### ***Confidentiality and Privacy***

- Privacy during medical visits, appointments, and treatments
- Privacy and protection of your health information
- Access to your medical records as allowed by law
- Request a copy of your medical records
- Correct your medical record as allowed by law
- Change your doctor
- Refuse care from certain doctors
- Know the professional background of any person involved in your care
- Know the name of your doctor

#### ***Treatment Decisions***

- Talk to your doctor about your health care and how to get covered services. Call Member Services if you have questions that the doctor did not answer
- Get information on available treatments and treatment options that are appropriate to your condition and what you can understand
- If you refuse treatment, be told what can happen if care is not provided
- Be involved in decisions about your health care, or have a representative facilitate care or help make decisions if you are not able to do so

- Request a second opinion from a qualified health care professional within the APIPA-CRS network at no cost to you. A second opinion may be received from an out-of-network provider, at no cost to you, if there is no in-network coverage
- Know how APIPA-CRS decides to cover new treatments

### ***Other***

- Receive care and services until you are age 21 for your APIPA-CRS eligible condition
- Know how much services will cost if APIPA-CRS will not pay for them
- Be told in writing when APIPA-CRS cuts, stops, or denies any health care service
- Tell APIPA-CRS about any problems or complaints about durable medical equipment (including wheel chairs), any health care services, doctors, pharmacy, or any staff at APIPA-CRS
- Receive emergency care without approval from your doctor or APIPA-CRS
- Know if you need insurance for very large claims. This is called stop-loss insurance
- Request information on whether or not APIPA-CRS has physician incentive plans that affect the use of referral services
- Know how APIPA-CRS pays doctors
- Receive a summary of recipient survey results
- Request information about grievances, appeals and requests for hearings
- Request information about getting services outside the APIPA-CRS contracted network

### **RECIPIENTS HAVE THE RESPONSIBILITY TO:**

#### ***Respect***

- Treat all APIPA-CRS staff and health care providers with respect and dignity
- Protect your APIPA-CRS ID card and show it before you get services
- Tell APIPA-CRS staff if you think someone is not being honest with you or if you are feeling mistreated by a doctor, staff member or another APIPA-CRS recipient

#### ***Follow Instructions***

- Read and follow this handbook
- Know the name of your APIPA-CRS doctor. Your doctor is the person who coordinates your health care needs
- Use the emergency room for life threatening care only. Go to your primary care doctor or urgent care centers for care not related to your CRS condition
- Follow your doctor's instructions and treatment plan, and tell your doctor if their explanations are not clear
- Bring your child's immunization records with you to appointments until the child is 18 years old

### ***Appointments***

- Make an appointment before you visit your doctor or any other APIPA-CRS health care provider
- Schedule appointments during office hours instead of using urgent care or emergency rooms
- Arrive on time for appointments
- Please call the office at least one day in advance if you must cancel or if you will be late for an appointment

### ***Share Information***

- Speak freely with your doctor. Share your health history with your doctor
- Call Member Services if you have a change of address or questions about eligibility
- Tell your doctor and APIPA-CRS, if you have other insurance
- Give a copy of your Advance Directives to your doctor
- Identify yourself as an APIPA-CRS recipient before you get any services outside of CRS

## **Access to Medical Records**

A parent, a legal guardian, or an APIPA-CRS recipient over age 18 has the right to look at the recipient's medical records. You can receive one copy of your medical records free of charge. If you request more than one copy, you may be charged a reasonable fee for the cost of copying your information. Permission to look at the records can be denied if the records are protected health information. Permission to look at the records can also be denied if the person requesting does not have the right to access them.

Access to records will be available during regular office hours. However, access to records can be given at other times if they are needed for emergency medical care. You can ask that your medical record be changed if you do not agree with its contents.

## **Your Private Health Care Information**

APIPA-CRS works very hard to keep your health information private. There are laws about who can see your health information with or without your permission. At times your permission is not needed to share your health information to help arrange for care. These times could include sharing information with:

- Physicians and other agencies providing health, social, or welfare services,
- Your medical primary care provider,
- Certain state agencies involved in your care and treatment, as needed, and
- Members of the team involved in your care.

At other times, it may be helpful to share information with other agencies, such as schools. Your written permission will be required before your information is shared.

There may be times that you want to share your information with other agencies or certain individuals who may be helping you. In these cases, you can sign an Authorization for the Release of Information Form. This form states that your medical records, or certain limited portions of your records, may be released to the individuals or agencies that you name on the form.

If you think your privacy rights have been violated, you can contact AIPPA-CRS at 1-866-275-5776.

Or

You can call or file a written complaint with:  
Arizona Department of Health Services  
Children's Rehabilitative Services Administration  
Division of Compliance  
150 North 18th Avenue, Suite 330  
Phoenix AZ 85007  
Phone (602) 542-1860 or 1-800-232-1676

Or

Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, California 94103  
Phone (415) 437-8310 or 1-800-368-1019  
Fax (415) 437-8329  
TDD (415) 437-8311

We will not take any action against you if you file a written complaint, or contact the above telephone numbers.

## **For Youth 18 Years Old or Older: Decisions about Your Health Care (Advance Directives)**

If you are 18 years of age or older and are your own guardian, you have the right to write down for doctors how you want to be cared for if you become too ill to tell them yourself. An advance directive is a written document that tells your doctors what kind of care you want if you are not able to make decisions for your self. A medical power of attorney and a living will are examples of advance directives. These documents tell your doctors:

- The kind of care you want if you have an illness that may not get better,
- What you want done if you are not awake or in a coma, and
- The kind of care you do not want.

You can get more information on advance directives and get advance directive forms at [www.azsos.gov/adv\\_dir](http://www.azsos.gov/adv_dir). Give your doctor a copy of your power of attorney and living will. Keep copies for yourself. Ask that your advance directives be put in your medical record(s).

You may change your advance directives at any time. If you make changes, be sure everyone has a new copy. If you want to talk to someone about this, ask your doctor or contact Member Services. If you have an advance directive and believe that you are not getting the health care you want, contact Member Services.

## **What is a Transition Plan?**

Your APIPA-CRS services will end on the day before your 21st birthday. Beginning at age 14, APIPA-CRS will start talking to you about “transitioning” or preparing for when you turn 21 and leave APIPA-CRS service. APIPA-CRS will work with you and your providers to develop a transition plan. A transition plan is a guide to help you move from care and service for children to a different system that provides care and service to adults. The transition plan will include information about medical care. The plan will also include discussions, as appropriate, about work, education, recreation, and social needs. APIPA-CRS will help you find doctors, specialists, and other providers who will care for you as you become an adult.

## **What is Continuity of Care?**

As an APIPA-CRS recipient you may need care over a period of many years. During this time you may receive care in a hospital, in a clinic, or in a doctor’s office. Your care providers and treatment plans may change over the years. APIPA-CRS will work with you and your providers to make sure that care and services do not get interrupted during these changes.



## What to Do If You Have a Complaint

If you are not happy with the care you are getting, try to solve any problems by talking to the provider first. If you and the provider cannot resolve the problem notify APIPA-CRS Member Services. You can call Member Services at any time at 1-866-275-5776. You can also email APIPA-CRS at [Myapipacrs.com](mailto:Myapipacrs.com) or send a letter to:

APIPA-CRS  
3141 North Third Avenue  
Phoenix, AZ 85013

Member Services is available to help you seven (7) days a week 24 hours a day. APIPA-CRS wants to know if you are having a problem. Notify APIPA-CRS if:

- You are not satisfied with the care or services you are getting,
- You are not treated with respect or dignity,
- You have a problem or concern with your clinic, doctors, pharmacy, or other health care staff, or
- You are having problems with your wheelchair or any other piece of durable medical equipment.

You can call the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) at 602-542-1860 or 1-800-232-1676 (ask for CRS) Monday through Friday from 8:00 AM until 5:00 PM. You can also send OCSHCN an email message at **[OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov)**. Tell OCSHCN that you have a complaint about your APIPA-CRS care or service.

## How Will I Know When APIPA-CRS Makes a Decision About My Health Care?

You will receive a Notice of Action if a service that you have been getting or your doctor has requested is denied, cut or stopped. If you get a Notice of Action, you have the right to file an appeal. Only a physician trained to treat your condition may deny a service your provider is trying to get approved.

You will get the written Notice of Action telling you if the services asked for by your provider are not approved. You will get the Notice of Action within 14 days of when your provider asked for approval for a standard request. If APIPA-CRS or your provider thinks that a decision needs to be made sooner than 14 days because of your health needs, you will get the Notice of Action within 3 working days.

If you, your provider, or APIPA-CRS need more time, a 14 day extension may be made if it is determined to be in your best interest. If APIPA-CRS or the provider asks for more time, you will get a written Notice of Extension telling you why it will take longer. If you disagree with the extension, you can file a complaint with APIPA-CRS or OCSHCN.

You may receive a Notice of Extension if APIPA-CRS sends the request for service to your primary AHCCCS health plan. Your AHCCCS health plan will then approve or deny the service. If you do not receive a response from your AHCCCS health plan, you should call APIPA-CRS Member Services.

If APIPA-CRS cuts, stops, or ends a service already authorized, you will get a Notice of Action at least 10 days before the change will occur. This will happen unless there is fraud involved, or you have moved out of state, or if you have requested that the service be stopped. You will also get a Notice of Action if you are in the hospital and APIPA-CRS decides that being in the hospital is no longer medically necessary. You will get the Notice of Action at least two days before APIPA-CRS stops paying for your hospital stay.

You can ask that the services you are getting do not change during the appeal processes. You must ask within 10 days from the day you receive the decision to cut, stop, or end services. It is important for you to know that if the appeal is not decided in your favor, you may have to pay for the services you received during this time.

If, at any time, you do not understand a Notice of Action or Notice of Extension that APIPA-CRS has sent you or if they do not give you adequate information contact APIPA-CRS for help. You can file a complaint with OCSHCN or APIPA-CRS. If your complaint does not get resolved to your satisfaction, you can complain to AHCCCS, Division of Health Care Management, Medical Management Unit.

## **What is an Appeal?**

If you disagree with a decision that APIPA-CRS has made, you may file an appeal. An appeal is a formal request to review a decision made about your health services. You may appeal to APIPA-CRS if:

- APIPA-CRS denies all of or part of a service asked for by your provider. This includes a change in the type, level, or location of the service,
- APIPA-CRS cuts, stops, or ends a service that has already been approved,
- APIPA-CRS fails to provide or approve services in a timely manner, or
- APIPA-CRS fails to act within timeframes for resolving an appeal or complaint.

## **How Do I File an Appeal?**

Appeals can be filed orally or in writing. If you want to file a verbal appeal, call Member Services. You may send a written appeal to:

Arizona Physicians, IPA-CRS  
3141 N. 3rd Ave.  
Phoenix, AZ 85013  
Attn: Appeals Department

You can file the appeal yourself or another person can file the appeal for you with your written permission. For help with filing an appeal, you may call Member Services or get help from a local advocacy group. Your appeal needs to be filed within 60 days from the day that APIPA-CRS makes the decision.

## **What Happens After I File an Appeal?**

As part of the appeals process, you have the right to provide information that will help your appeal. You have the right to look at medical records and other documents that might be helpful for you to use during the appeal. If you would like to review this information call Member Services.

Someone who did not make the decision you are unhappy about will review your appeal. APIPA-CRS will make a decision and send you a Notice of Appeal Resolution. Usually you will get the Notice of Appeal Resolution within 30 days.

If you, your provider, or APIPA-CRS think that taking 30 days could harm your health, your appeal will be resolved in 3 days. If more time is needed to make a decision and taking more time is in your best interest, you will receive a written notice explaining why more time is needed. You will also be told how much longer it will take to decide your appeal.

## **What if I Am Not Happy With the Appeal Results?**

If you are not happy with the appeal results you can ask for a State Fair Hearing. Someone who is not employed by APIPA-CRS will look at your case. You have to ask for a State Fair Hearing within 30 days of receiving the Notice of Appeal Resolution.

You will receive directions for filing for a State Fair Hearing in the Notice of Appeal Resolution letter from APIPA-CRS. Once you've requested a State Fair Hearing, you will receive a letter that tells you the date, time, and place of the hearing.

## **What is Program Fraud and Abuse?**

Fraud can happen when people lie about the health care you have been receiving. Examples of fraud and program abuse include, but are not limited to:

- Letting someone else use your identification information,
- A doctor, nurse or other healthcare provider is dishonest about what they did to help you, or
- You receive a copy of your insurance billing and find a service listed that you did not receive.

If you think somebody has lied and committed fraud or program abuse, you should report it. You can contact APIPA-CRS by calling Member Services or sending the information to:  
Arizona Physicians, IPA-CRS  
3141 N. 3rd Ave.  
Phoenix, AZ 85013

Or, you can contact the Office of Program Integrity (OPI) in writing or orally, at:

Office of Program Integrity (OPI)  
Arizona Department of Health Services (ADHS) Fraud and Abuse Hotline  
(602) 364-3758 or (866) 569-4927 toll free  
Email: **reportfraud@azdhs.gov**

The online reporting form is at:  
**[www.azdhs.gov/bhs/provider/forms/pm7-1-1.pdf](http://www.azdhs.gov/bhs/provider/forms/pm7-1-1.pdf)**

You can also report fraud and abuse to AHCCCS in writing or orally, at

Office of Program Integrity  
801 E. Jefferson  
Mail Drop 45000  
Phoenix, Arizona 85034  
(602)-417-4193 or 1-888-487-6686 toll free

The online reporting form for AHCCCS is at **[www.ahcccs.state.az.us/FraudAbuse/Default.asp](http://www.ahcccs.state.az.us/FraudAbuse/Default.asp)**

You will not get into trouble for reporting fraud and program abuse. You also do not have to give your name. Any information reported will be kept confidential.

## **Behavioral Health Services**

APIPA-CRS is concerned about how you feel. Behavioral health services can help if you have feelings of sadness, stress or anxiety, or drug and alcohol issues. Behavioral health services can help you think, feel, and act in healthy ways.

Let your doctor know if you think behavioral health services are needed. Your doctor must evaluate and recommend psychology services for you. APIPA-CRS may provide up to three (3) sessions each year with an APIPA-CRS contracted psychologist. If an APIPA-CRS psychologist evaluates and recommends that psychiatric services are needed, APIPA-CRS can provide one (1) visit each year with an APIPA-CRS contracted psychiatrist.

If you believe that you need more behavioral health care than APIPA-CRS provides, you have other sources of help. You do not need a referral from your primary care physician. You can refer yourself for behavioral health care. If you have other insurance, please call your health plan to ask if you have a behavioral health benefit.

Arizona has a network of Regional Behavioral Health Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA) that provide service around the state. Contact Member Services for information on how to reach a RBHA or TRBHA.

## **Non-Discrimination**

All services provided by APIPA-CRS are provided without prejudice or bias for: race, color, gender, religion, age, national origin, ability to speak English, disability, ability to pay, marital status, sexual preference, genetic information or physical or mental disability.

## **Family Support Information and Community Resources**

### **CRS Parent Action Council (PAC)**

The PAC is a local council made up of parents of a child who is or was a CRS Recipient, adults who are or were CRS Recipients and the APIPA-CRS contractor. PAC members may also include professionals and members of advocacy groups. The PAC is a place where parents meet to share ideas and resources to make your health care better. PAC members share this information with APIPA-CRS and with the Arizona Department of Health Services, Office for Children with Special Health Care Needs. If you would like to attend a meeting or become involved in PAC activities, please contact Member Services.

### **Raising Special Kids**

Arizona's Family to Family Health Information Center

Raising Special Kids is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. They provide information, training and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Raising Special Kids promotes opportunities for improving communication between parents, youth with disabilities, educators and health professionals. All programs and services are provided to families free of charge.

#### **Raising Special Kids**

(800) 237-3007 toll free

(602) 242-4366

[www.raisingpecialkids.org](http://www.raisingpecialkids.org)

### **Information and Referral Services**

The Children's Information Center Hotline can help you find resources in your community. The statewide toll free number is 1-800 232-1676. For people with hearing loss or impairment, there is a State Telecommunication Device (TDD/TTY) at (800) 367-8939. The hotline operates Monday - Friday 8 AM-5PM.

### **Tobacco Cessation**

To learn about resources to help to quit tobacco use call the toll free telephone quit line at 1-800-556-6222 or visit the Arizona Department of Health Services web site at [www.ashline.org](http://www.ashline.org).

## **WIC**

The Arizona Women, Infants, and Children Program (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are either women who are pregnant, breastfeeding, or have just had a baby; and infants and children who have nutritional needs and meet income guidelines. Call the WIC hotline at 1-800-252-5942 for more information.

## **Head Start**

Head Start is a program that provides health, educational, nutritional, social, and other services to low income children and families. Head Start Programs create learning environments that support a child's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, and physical skills. To learn more about the Head Start Program or to find a program in your area, call 1-866-763-6481 or visit the Head Start locator at <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartoffices>.

## **AzEIP**

The Arizona Early Intervention Program (AzEIP) is a statewide system of supports and services for families and children birth to age three, with disabilities or developmental delays. For more information about AzEIP call 602-532-9960, or visit the web site at [AllAzEIP2@azdes.gov](mailto:AllAzEIP2@azdes.gov).

## **[www.azlinks.gov](http://www.azlinks.gov)**

Arizona's Aging and Disability Resource Center (ADRC), created to help Arizona seniors, people with disabilities, caregivers and family members locate resources and services that meet their needs.

## **[www.myazhealthandwellness.com](http://www.myazhealthandwellness.com)**

Visit this web site to learn about what is happening around the State of Arizona. You will find information about health resources and prevention.

## **[www.MyAHCCCS.com](http://www.MyAHCCCS.com)**

This website allows AHCCCS recipients to view their own active healthcare and health plan enrollment for several services.

## **Family Planning Services and HIV Testing**

Please contact your primary health care provider for information about family planning and HIV/STI testing. For additional information about family planning services and HIV/STI testing call the ADHS Bureau of Women's and Children's Health Hot Line at 1-800-833-4642 or visit the web site at <http://www.azdhs.gov/phs/owch/index.htm>. Family planning services and HIV/STI testing are available at the Arizona Family Planning Council 602-258-5777 or 1-888-272-5652 or visit the web site at [www.azfpc.org](http://www.azfpc.org). Planned Parenthood also offers testing and services 1-800-230-7526.

## **Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT)**

EPSDT is a comprehensive child health program of prevention and treatment, correction, and improvement of physical and mental health problems for AHCCCS Members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.



EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services. Please contact your primary health care provider for information about EPSDT.

### **Assistance with Primary Health Care Coverage**

**Arizona Department of Health Services, Health Systems Development** offers programs and services to improve access to primary health care for underserved and vulnerable populations. For more information visit the web site at [http://www.azdhs.gov/hsd/sfs\\_provider.htm](http://www.azdhs.gov/hsd/sfs_provider.htm) or call 602-542-1219.

**Arizona Association of Community Health Centers** is a membership of non-profit public primary care centers. For more information visit the web site at <http://www.aachc.org/>, call 602-253-0090 or send an email to [info@aachc.org](mailto:info@aachc.org).

## **Questions to Consider as a New Recipient of APIPA-CRS**

### **Why was my child or young adult referred to the APIPA-CRS Program?**

Your child's primary care doctor or other health care provider may have referred your child to the APIPA-CRS Program. Or, your AHCCCS health plan may have referred your child. You must sign a Consent to Enroll form saying that you want your child to be enrolled. Your child will not be enrolled without your knowledge.

### **Do you know what your child or young adult's primary CRS diagnosis is and any other medical conditions they may have?**

You should talk to the doctor about your child or young adult's medical condition. The doctor can provide you with information on what to expect and about treatment options.

### **Does your child have a pediatrician?**

Your child should have a pediatrician. This doctor can help arrange your child's care. The pediatrician can provide primary care not related to your child's CRS condition. You can talk to your AHCCCS health plan. Your AHCCCS health plan will provide you with a list of pediatricians and can help you find a pediatrician.

### **Where do recipients get APIPA-CRS services?**

Recipients are assigned to a Multispecialty Interdisciplinary clinic (MSIC) as the hub of all health care related to their CRS condition. Other providers are available outside of the MSIC through a prior approval process. APIPA-CRS offers a statewide network of providers for drugs, laboratory services, durable medical equipment and vision care. Use your provider directory to see all of the providers available to you. You can also look up providers on line at [myapipacrs.com](http://myapipacrs.com).



## Definition of Terms

**“Action”** The denial or limited authorization of a requested service including: 1) Denial of limited authorization of requested services, including the type or level of service; 2) The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or in part, of payment for a service; 4) The failure to provide a service in a timely manner; or 5) The failure of a contractor to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; and 6) Denial of a rural CRS recipient’s request to obtain services outside the CRS Contractor’s network under 42 C.F.R. § 438.52(b)(2)(ii), when the CRS Contractor and its subcontractors is the only Contractor in the rural area.

**“Administrative Hearing”** A hearing under A.R.S. Title 41, Chapter 6, Article 10 (also called State Fair Hearing).

**“Advance Directives”** A written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated that clearly specifies how medical decisions affecting an individual are to be made if they are unable to make them or to authorize a specific person to make such decisions for them.

**“Ambulation Assistive Devices”** Means walkers, canes, and crutches.

**“Americans with Disabilities Act (ADA)”** A Public Law 101-336 enacted July 26, 1990. The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation.

**“APIPA-CRS”** is the contracted provider administering the CRS program.

**“Appeal (Standard)”** An appeal which must be resolved no later than thirty (30) days from the date of receipt of the appeal unless an extension is in effect.

**“Appeal (Expedited)”** An appeal where the CRS Contractor determines (for a request from the CRS recipient), or provider (in making the requests on the CRS recipient’s behalf indicates) that the standard resolution timeframe could jeopardize the CRS recipient’s life or health or ability to attain, maintain, or regain maximum function. The CRS Contractor shall resolve all expedited appeals not later than three (3) business days from the date the CRS Contractor receives the appeal (unless an extension is in effect) and shall make reasonable efforts to provide oral notice to a CRS recipient regarding an expedited resolution appeal.

**“Applicant”** An individual who has requested enrollment into the CRS program and for which CRS has received a written, signed, and dated application.

**“Arizona Administrative Code (AAC)”** State regulations established pursuant to relevant statutes. Relevant sections of the AAC are referred to throughout this document as “ADHS Rules”.

**“Arizona Department of Health Services (ADHS)”** A State agency as defined in A.R.S. Title 36, Chapter 1. Pursuant to A.R.S. Title 36, Chapter 4, ADHS is responsible for licensure and certification (when applicable) of health care facilities included as AHCCCS-registered providers.

**“Arizona Health Care Cost Containment System (AHCCCS)”** AHCCCS is the system through which Arizona’s Medicaid (Title XIX), KidsCare (Title XXI), and the Arizona Long Term Care System (ALTCS) programs are delivered. AHCCCS is the State agency that oversees the Title XIX and Title XXI programs.

**“Children’s Rehabilitative Services Administration (CRSA)”** A subdivision of ADHS, which provides regulatory oversight of the CRS Program and the contract processes as they relate to CRS Contractors and the delivery of health care services.

**“Children’s Rehabilitative Services (CRS)”** A program that provides medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, disabling, or potentially disabling conditions, that have the potential for functional improvement through medical, surgical, or therapeutic modalities.

**“Covered Services”** Health, medical, rehabilitative, and support services to be delivered by the CRS Contractor and the CRS Contractor’s network as delineated in A.A.C. Title 9, Chapter 7, Article 4 et seq.

**“CRS Condition”** A disease, disorder or condition that qualifies for CRS coverage as identified in A.A.C. Title 9, Chapter 7, Article 2.

**“CRS Medical Director”** The physician appointed by the CRS Contractor to make medical decisions about the medical eligibility of applicants and the medical care provided to recipients assigned to the CRS Contractor. The Medical Director also may provide medical advice and counsel to CRSA and to the CRS Contractor and interface with medical directors of other agencies and health plans on care coordination issues.

**“CRS Recipient (Recipient)”** An individual who meets CRS eligibility requirements and is enrolled in CRS.

**“CRS Provider”** A CRS Contractor or its subcontractor who provide CRS covered services to a recipient.

**“Diagnosis”** A determination or identification of a disease or condition that is confirmed by a physician.

**“Disabling”** Physical impairments that limit one or more major life activities such as: caring for oneself; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

**“Durable Medical Equipment (DME)”** Adaptive aids and devices, adaptive wheelchairs and ambulation assistive devices.

**“Durable Medical Equipment (DME), Customized”** Equipment that has been altered or built to specifications unique to a recipient’s medical needs and which, most likely, cannot be used or reused to meet the needs of another individual.

**“Eligible”** Any individual determined by the CRS Medical Director or his or her designee to have a CRS covered condition, and meets residency, age, and citizenship requirements.

**“Enrolled”** An enrolled recipient is an individual who has been determined eligible and has been granted entry to the CRS program.

**“Ex-Recipient or Disenrolled Recipient”** An individual who is no longer enrolled in the CRS Program.

**“Fraud”** The intentional deception or misrepresentation made by a person or persons with the knowledge that the deception could result in some unauthorized benefit to him/her or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

**“Grievance”** An expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to: 1) The quality of care or services provided; and 2) Aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee’s rights. Grievances do not include “action(s)” as defined in Arizona Administrative Code Title 9, Chapter 34 (9 A.A.C. 34).

**“Interdisciplinary Team”** Physician and non-physician professionals, the recipient, and family members who collaborate in planning, delivering, and evaluating health care services.

**“Limited English Proficiency (LEP)”** A description of an individual’s ability to speak and understand the English language when communication is difficult through spoken and written English.

**“Minor”** An individual who is: 1) Under the age of 18 years; 2) Incompetent as determined by a court of competent jurisdiction; or 3) Incapable of giving consent for medical services due to a limitation in the individual’s cognitive function as determined by a physician.

**“Notice of Action”** Written notification to the Title XIX/XXI recipient/ representative of an action that the CRS Contractor has taken or intends to take.

**“Notice of Appeal Resolution”** Written notification to the recipient/ representative and other parties of the decision made by the CRS Contractor of an appeal.

**“Notice of Eligibility Determination” Also called Recipient Status Decision.** Written notice to the applicant/ representative of the decision of the CRS Program to deny enrollment or disenroll a recipient.

**“Out of Network”** Care provided by health care providers that are not a part of the CRS Contractor’s provider network.

**“Parent Action Council (PAC)”** A local, parent-driven council consisting of recipients including parents of a child who is or has been a CRS recipient, adults, who are or were CRS recipients, and the CRS Contractor. PAC members may also include professionals and members of advocacy groups. The PAC is established in accordance with A.R.S. § 36-265.

**“Prior Authorization (PA)”** The process by which a CRS Contractor determines in advance whether a service is medically necessary. Prior authorization is not a guarantee of payment.

**“Provider”** A person or entity that subcontracts with a CRS Contractor to provide CRS covered services directly to recipients.

**“Provider Network”** A person or entity who agrees to the terms specified in the contract with the CRS Contractor.

**“Qualified”** An individual meets the conditions, criteria, or requirements for enrollment in the CRS Program.

**“Resident”** An individual who is living in Arizona and can provide proof of residency.

**“Service Plan”** A document that is developed consistent with applicable practice guidelines, which combines the various elements of multiple treatment plans with needed family support services and care coordination activities to provide a map of the steps to be taken for each recipient in achieving treatment and quality of life goals.

**“Special Health Care Needs”** Serious and chronic physical, developmental, or behavioral conditions that require medically necessary health and related services of a type or amount beyond that required by children generally. All CRS recipients are considered to be recipients with special health care needs.

**“Specialty Physician”** A physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems, or certain types of diseases.

**“State Parent Action Council (SPAC)”** The statewide council consisting of two parents representing each identified geographic region of Arizona, one representative from an advocacy group, one staff member from the CRS Contractor and one representative from ADHS/CRSA. The SPAC is established in accordance with A.R.S. § 36-265.

**“TDD”** means Telecommunications Device for the Deaf.

**“Treatment Plan”** A written plan of services and therapeutic interventions based on a comprehensive assessment of a recipient's developmental and health status, strengths, and needs that are designed and periodically updated by the interdisciplinary team.

## Information for My Care

Emergency: 911

Member Services: 1-866-275-5776

My child/youth's CRS diagnosis: \_\_\_\_\_

My child/youth's CRS ID number: \_\_\_\_\_

### Who is on the team?

Doctor: \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

Therapist(s): \_\_\_\_\_

Social Worker(s): \_\_\_\_\_

Recipient Advocate: \_\_\_\_\_

Care Manager: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Medical Equipment Provider: \_\_\_\_\_

Lab: \_\_\_\_\_

Child Life Specialist: \_\_\_\_\_

Transition Coordinator: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_